GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:83
ANSWERED ON:21.07.2017
Vector Borne Diseases
Munde Dr.Pritam Gopinath;Venugopal Shri K. C.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of vector borne diseases and H1N1 etc. reported and deaths caused in the country during the last three years and the current year, State/UT-wise and year-wise;

(b) whether the Government has taken any exclusive measures to prevent various epidemics particularly in monsoon season in various States including Kerala and if so, the details thereof;

(c) whether the Government proposes to take measures to ensure the availability of doctors both in Government and Private hospitals to cope up with emergency situations and if so, the details thereof;

(d) whether the Government proposes to start national programme in public private partnership mode for prevention/ eradication of such diseases and if so, the details thereof; and

(e) the corrective steps taken by the Government to stop regular outbreak of epidemics and the funds allocated and released for the implementation of the programmes/schemes for the purpose during the said period?

Answer

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) to (e) : A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 83* FOR 21ST JULY, 2017

(a) The number of cases and deaths reported in the country during the last three years and the current year, State/UT-wise and year-wise for Malaria, Dengue,Chikungunya, Japanese Encephalitis (JE), Kala-azar and Lymphatic Filariasis have been given at Annexure-I to VI respectively. The number of cases and deaths in respect of H1N1 is at Annexure VII.

(b) The Government has the following broad strategy for Vector Borne Diseases (VBDs) control in the country including Kerala:
1. Surveillance and case management

â€¢ Case detection (active and passive)- Intensified during high transmission period
â€¢ Early diagnosis and complete treatment
â€¢ Sentinel surveillance

2. Integrated Vector Management (IVM)

â€¢ Indoor residual spray (IRS)
â€¢ Insecticide treated bed nets (ITNs) / Long-Lasting Insecticidal nets (LLINs)
â€¢ Anti-larval measures including source reduction

3. Epidemic preparedness and rapid response.

4. Supportive interventions

â€¢ Capacity building& Training
â€¢ Information, Education & Communication (IEC)/ Behaviour change communication (BCC) activities
â€¢ Intersectoral collaboration
â€¢ Monitoring and evaluation (M & E)
â€¢ Operational research and applied field research

Other steps to combat and to avoid recurrence of epidemics of vector borne diseases (VBDs) are as follows:-
1. Regular monitoring through visits of central team, Regional Office of Health & Family Welfare (RoHFW) teams and the reports received from the States and feedback to them accordingly.
2. Coordination with Integrated Disease Surveillance Programme (IDSP) to detect Early Warning Signals i.e. any upsurge in fever cases or any reports of malaria outbreaks. Such reports are verified, followed up and managed accordingly.

3. Regular monitoring through field visits of National Vector Borne Disease Control Programme (NVBDCP) officers/ consultants.
4. Issuing advisory to the States before the monsoon season to upscale their activities and make all the necessary preparations. 13 Advisories regarding Dengue and Chikungunya from HFM, Secretary (HFW), DGHS, Addl. Secy, JS Director, NVBDCP and other were issued.
5. Four review meetings with the States were held at the level of HFM and other officials of the Ministry/DGHS.
6. Five Video Conferences on vector borne diseases with the States were held at the level of Secretary (HFW) and NVBDCP.
7. Training of Trainers for clinicians were conducted on clinical management of Dengue in Lucknow and New Delhi.
8. Extensive IEC activities viz. observation of National Dengue Day, Advertisement in newspaper, TV discussions and audio-visual campaign(started from 6th June, 2017 in 67 Satellite TV Channel, 96 Community Radio, 182 FM Radio, Doordarshan and All India Radio.
9. Technical guidelines, Logistic support and Financial assistance

â€¢ Dengue & Chikungunya are diagnosed and managed through 602 Sentinel Site Hospitals (SSHs) and 16 Apex Referral laboratories (ARLs), Japanese Encephalitis through 130 SSHs. The Malaria is diagnosed and treated upto community level through ASHA to all health facilities throughout the country. Kala-Azar is diagnosed and treated upto CHC/PHC level. Lymphatic Filariasis is not an outbreak prone disease. Technical guidance, logistic support and financial assistance are provided.
â€¢ Government has taken following steps to mitigate and contain the impact of H1N1:-
? Prior to the onset of Influenza season, the situation was reviewed by the Minister for Health and Family Welfare on 13th October, 2016, 9th November, 2016 and 4th July 2017.
? Additional Secretary, Ministry of Health and Family Welfare held a video conference on 20th February, 2017 with the Principal Secretaries and other senior officers of the Department of Health of the States to review preparedness measures against Seasonal Influenza.

? 12 laboratories under Integrated Disease Surveillance Programme (IDSP) and 30 laboratories under Indian Council of Medical Research (ICMR) are providing diagnostic services for detection for Influenza virus to the states.
? Ministry of Health and Family Welfare has procured laboratory diagnostics (to test 20,000 samples) for the laboratories under IDSP and ICMR networks.
? Following National Guidelines on Seasonal Influenza have been prepared and circulated to all States/UTs :
o Guidelines for Providing Home Care
o Clinical Management Protocol for Seasonal Influenza
o Guidelines on Risk Categorization
o Guidelines on use of masks for health care workers, patients and members of public
? Vaccine Guidance including composition of the vaccine is issued every year. For the current season, the guidelines were updated on 25.4.2017 and provided to the States.
? Training Workshops attended by Directors of Health Services and Directors of Medical Education of States were organized at New Delhi on 24.11.2016 and 30.01.2017.
? Required quantities of Oseltamivir tablets and suspension for children, Personal Protective Equipment and masks are made available by Ministry of Health and Family Welfare as per the indents obtained from the States.
? To ensure wider availability and accessibility of Oseltamivir, the drug for treatment of Influenza, has been put in Schedule H1 (can be sold by all licensed chemist under prescription) from Schedule X (wherein only certain selected Pharmacies were authorized to stock the medicine) on 22.06.2017.
? Central teams were also deployed to assist the States of Kerala, Gujarat, Maharashtra, Karnataka and Telangana where large laboratory confirmed H1N1 cases have been reported in 2017.

(c): The State Governments have their systems in place to meet emergency situations by providing adequate number of medical professionals. Besides, Central Government also ensures the deputation of the teams with specialist doctors to guide and supervise the efforts of the State Government to help in reduction of morbidity & mortality due to outbreaks of Vector Borne Diseases.

(d): There is no such proposal as on date.However, for malaria elimination, a Memorandum of Understanding (MoU) has been signed by State of Madhya Pradesh, ICMR and Sun Pharma. Another MoU has been signed between Govt. of Odisha and Tata Trust.Under Kala-azar elimination, CARE/ Bill& Melinda Gates Foundation (BMGF) are providing additional human resource (at Block & district level), hand compression pumps and helping in implementation of strategies at village level. TheDepartment of International Development(DFID), United Kingdom (UK) supported consortium KalaCORE is helping in Quality training to medical officers on treatment, provision of Ice lined Refrigerator (ILR) and door-to-door search of suspected Kala-azar cases.
(e): The steps taken by the Government to stop regular outbreak of such epidemics are mentioned above in reply to part (b). The allocation and releases of funds by Government of India during last three years in respect of Vector Borne Diseases is given at Annexure VIII and in respect of IDSP is at Annexure IX.